

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 11, 2000

ALL COUNTY LETTER NO. 00-62

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS

SUBJECT: ANDREYEVA V. ANDERSON**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☒ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

The purpose of this All County Letter (ACL) is to issue instructions for the implementation of the Andreyeva v. Anderson lawsuit. This lawsuit challenged the California Department of Social Services' (CDSS) authority to recover, by grant adjustment, aid paid pending overpayments that occurred between November 1996 and December 1997. With the enactment of the Temporary Assistance for Needy Families (TANF) program, federal law no longer required the recoupment of overpayments created as the result of aid paid pending. Therefore, the Department did not have specific authority to collect aid paid pending overpayments between the time TANF was enacted and California's TANF State Plan was approved. Sacramento County Superior Court has issued a court order in case number 98CS00419 that specifies the steps to be taken to implement the court order. The court order applies to any months between November 1, 1996, and December 31, 1997, that an aid paid pending overpayment occurred.

CLAIMS PROCEDURE

Copies of the claim form (TEMP 2179) in English, Spanish, Russian, Cambodian, Chinese and Vietnamese are attached for your information. The CDSS will mail claim forms to the potential class members on or about September 18, 2000. A list of Andreyeva Claim Coordinators will be mailed with each claim form. Andreyeva Claim Coordinators are offices or units in each county designated to process Andreyeva claims. The claim form instructs claimants to mail their completed claim forms to the Coordinator in the county(ies) they were living in when their aid paid pending overpayment was recovered by grant adjustment. The claim form also instructs claimants to contact the Andreyeva Claim Coordinator in the county(ies) to which they submitted claim(s), if they do not receive a corrective payment or a Notice of Action by April 12, 2001. It is the claimants' responsibility to submit a claim to each county that recovered an aid paid pending overpayment. Therefore, counties are not required to forward misdirected claims, but are not precluded from doing so. A copy of the Andreyeva Claim Coordinators List is attached for your information.

The claim period begins on the date the claim forms are mailed and ends on December 29, 2000. Counties must deny any claims submitted after the last day of the claim period unless resubmitted as described in the following paragraph.

The court order allows claimants to resubmit a claim form if: 1) they do not receive a Notice of Action and/or corrective payment from the county by April 12, 2001; 2) they contact the Andreyeva Claim Coordinator to inform the county by April 19, 2001, that they have not received a response; and 3) the county has no record of the first submittal. Claimants are not required to provide any proof of the first submittal. Counties must process resubmitted claim forms received by May 28, 2001, as timely.

Claimants need only provide enough information on the claim form to enable counties to identify their case file. If the claim form does not include adequate identifying information, counties must send the attached Notice of Action (TEMP 1219) to request the necessary information. Claimants must be given 30 days to respond. Counties are required to approve or deny claims within 30 days after receipt of the requested information, or by the end of the claim period (whichever is later).

TRANSLATIONS

Claim forms and Notices of Action translated into Spanish, Russian, Cambodian, Chinese, and Vietnamese will be provided to counties by Language Translation Services under separate cover. Translated claim forms must be provided upon request. In addition, each county must provide bilingual/interpretive services and written translations to non-English or limited English speaking populations as required by the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures, Division 21, Civil Rights Nondiscrimination, Section 115. To obtain a camera-ready copy of the attached Notices of Action in English, please contact the Forms Management Unit by telephone at (916) 657-1907 or by e-mail at fm@dmu.ca.gov. For translated copies, contact Language Translation Services by telephone at (916) 654-1282 or by e-mail at LTS@dss.ca.gov.

CORRECTIVE ACTION

For each claimant who returns a claim form to the county within the claim period, the county must determine whether the claimant incurred an aid paid pending overpayment between November 1, 1996 and December 31, 1997. All months during this period are covered by the court order, even if the aid paid pending overpayment period at issue started before November 1, 1996, or continued after December 31, 1997. For example, if a claimant incurred an aid paid pending overpayment for the months of September, October, November and December 1996, September and October would not be covered by the court order, but November and December would be covered by the court order.

For any months covered by the court order, the county must take the following actions as applicable:

1. If the county has recovered, or is currently recovering, the aid paid pending overpayment by grant adjustment, the county must immediately cease further recovery by grant adjustment; and a corrective underpayment must be calculated to reimburse the claimant for any amount of the aid paid pending overpayment previously recovered by grant adjustment. Corrective underpayments may be used to offset overpayments currently owed by the claimant (except aid paid pending overpayments covered by the court order).

No later than March 29, 2001, counties must mail a corrective payment and/or an approval/denial Notice of Action (with language provided by CDSS) to each claimant, granting or denying their claim.

2. If the county has not begun recovery of any part of the aid paid pending overpayment, recovery by grant adjustment must not be commenced.
3. Counties must accept resubmitted claim forms received by May 28, 2001, as timely. Counties must process and grant or deny resubmitted claims within 60 days of receipt.

This corrective action only applies to recovery by grant adjustment. AFDC aid paid pending overpayments incurred during the period from November 1, 1996 through December 31, 1997, continue to be subject to recovery by all statutorily authorized methods other than grant adjustment.

For purposes of CalWORKs, any corrective payments made are not considered income in the month received, or resources in the month of receipt or the following month. Claimants who are CalWORKs recipients are entitled to place any corrective payments, up to the statutory amount, in a restricted account under Welfare and Institutions Code Section 11155.2.

The court order requires that counties adhere to the timeframes specified in this ACL. A chronological list of key implementation dates is attached (Attachment A).

REPORTING REQUIREMENTS

Counties are required to submit a statistical report (TEMP 2186) to CDSS on or before May 14, 2001. This report will capture data on the number of claims submitted, granted, and denied; and the dollar amount of corrective payments paid in each county. When calculating the total dollar amount of corrective underpayments, include amounts used to offset overpayments. Data on resubmitted claim forms processed after May 14, 2001, does not need to be reported. Also attached is a COURT CASE STATISTICAL REPORT CONTACT SHEET. Return the completed contact sheet to the CDSS Data Systems and Survey Design Bureau no later than March 16, 2001.

ATTACHMENTS

The following implementation documents are attached:

- Key Implementation Dates
- Andreyeva Claim Coordinator List
- TEMP 1217 (9/00) – Notice of Action Approval
- TEMP 1218 (9/00) – Notice of Action Denial
- TEMP 1219 (9/00) – Notice of Action Request for Information
- TEMP 1220 (9/00) – Notice of Action Continuation Form
- TEMP 2179 (9/00) – Claim Form
- TEMP 2186 (9/00) – Court Case Statistical Report Form and Contact Sheet

If you have any questions or need additional information regarding this ACL, please contact Paulette Stokes at (916) 654-3386.

Sincerely,
Original signed by
Bruce Wagstaff
on 9/11/00

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

c: CWDA
CSAC

KEY IMPLEMENTATION DATES

ANDREYEVA V. ANDERSON

CDSS mails claim forms no later than:	September 18, 2000
Last day of claim period:	December 29, 2000
CWDs must submit Statistical Report Contact Sheet to CDSS no later than:	March 16, 2001
CWDs must send NOAs/any corrective payments by:	March 29, 2001
Final date claimants may contact CWDs to be allowed to resubmit claims:	April 19, 2001
CWDs must submit statistical report to CDSS no later than:	May 14, 2001
Resubmitted claims due:	May 28, 2001
CDSS must submit statistical report to plaintiffs' counsel no later than:	June 27, 2001
CWDs must send NOAs/any corrective payments on resubmitted claims by:	July 27, 2001

ANDREYEVA CLAIM COORDINATOR LIST

Alameda County
Social Services Agency
Andreyeva Claim Coordinator
1106 Madison St., Suite 307
Oakland, CA 94607
(510) 267-9455

Alpine County
Department of Social Services
Andreyeva Claim Coordinator
P.O. Box 277
Markleeville, CA 96120
(530) 694-2235

Amador County
Health and Human Services
Eligibility Unit
Andreyeva Claim Coordinator
1003 Broadway
Jackson, CA 95642
(209) 223-6550
Andreyeva Claim Coordinator

Butte County
Department of Social Welfare
Administrative Review Unit
Andreyeva Claim Coordinator
P.O. Box 1649
Oroville, CA 95965
(530) 538-2180

Calaveras County
Work and Human Services
Agency
Andreyeva Claim Coordinator
891 Mountain Ranch Road
San Andreas, CA 95249
(209) 754-6448

Colusa County
Health and Human Services
Eligibility Unit
Andreyeva Claim Coordinator
251 E. Webster Street
Colusa, CA 95932
(530) 458-0265

Contra Costa County
Employment and Human
Services Department
Andreyeva Claim Coordinator
40 Douglas Drive
Martinez, CA 94553
(925) 313-1545

Del Norte County
Health and Social Services
Andreyeva Claim Coordinator
880 N. Crest Drive
Crescent City, CA 95531
(707) 464-3191

El Dorado County
Department of Social Services
Income Maintenance
Andreyeva Claim Coordinator
3057 Briw Road
Placerville, CA 95667
(530) 642-7310

-OR-

El Dorado County
Department of Social Services
Andreyeva Claim Coordinator
971 Silver Dollar
South Lake Tahoe, CA 96150
(530) 642-3278

Fresno County
Dept. of Employment and
Temporary Assistance
Andreyeva Claim Coordinator
Claim Coordinator RG90
Fresno, CA 93750
(559) 453-8979

Glenn County
Human Resources Agency
Eligibility Unit
Andreyeva Claim Coordinator
P.O. Box 611
Willows, CA 95988
(530) 934-6514

Humboldt County
Department of Social Services
Revenue & Data Recovery Unit
Andreyeva Claim Coordinator
929 Koster Street
Eureka, CA 95501
(707) 476-4712

Imperial County
Department of Social Services
Andreyeva Claim Coordinator
2995 S. 4th Street, Suite 105
El Centro, CA 92243
(760) 337-7426

Inyo County
Health and Human Services
Andreyeva Claim Coordinator
162-A Grove Street
Bishop, CA 93514
(760) 872-1394

Kern County
Department of Human Services
Andreyeva Claim Coordinator
100 E. California Avenue
Bakersfield, CA 93307
(661) 631-6527

Kings County
Human Services Agency
Collections Unit
Andreyeva Claim Coordinator
1200 South Drive
Hanford, CA 93230
(559) 582-3241 X 2226

Lake County
Department of Social Services
Program Support
Andreyeva Claim Coordinator
P.O. Box 9000
Lower Lake, CA 95457
(707) 995-0244

Lassen County
Lassen Works, Clerical Unit
Andreyeva Claim Coordinator
P.O. Box 1359
Susanville, CA 96130
(530) 251-8154

Los Angeles County
Dept. of Public Social Services
CalWORKs Eligibility Section
Andreyeva Claim Coordinator
12860 Crossroads Pkwy. So.
City of Industry, CA 91746
(562) 908-8369

Madera County
Department of Social Services
Appeals Unit
Andreyeva Claim Coordinator
P.O. Box 569
Madera, CA 93638
(559) 662-8364

Marin County
Dept. of Health & Human Serv.
Social Services Division
Andreyeva Claim Coordinator
P.O. Box 4160
San Rafael, CA 94913
(415) 499-7110

Mariposa County
Human Services Department
Social Services Division
Andreyeva Claim Coordinator
P.O. Box 7
Mariposa, CA 95338
(209) 966-3609

Mendocino County
Department of Social Services
Employment & Family
Assistance Services
Andreyeva Claim Coordinator
P.O. Box 8508
Ukiah, CA 95482
(707) 463-7848

Merced County
Human Services Agency
Program Eval. Unit - Eligibility
Andreyeva Claim Coordinator
P.O. Box 112
Merced, CA 95341
(209) 385-3000X5609

Modoc County
Department of Social Services
Andreyeva Claim Coordinator
120 Main Street
Alturas, CA 96101
(530) 233-6501

Mono County
Department of Social Services
Andreyeva Claim Coordinator
P.O. Box 2969
Mammoth Lakes, CA 93546
(760) 934-3511

Monterey County
Department of Social Services
Benefits Unit
Andreyeva Claim Coordinator
1000 S. Main Street, Suite 208
Salinas, CA 93906
(831) 755-4406

Napa County
Health and Human Services
Special Investigations
Andreyeva Claim Coordinator
2261 Elm Street
Napa, CA 94559
(707) 253-4166

Nevada County
Adult and Family Services
Program Support & Integrity
Andreyeva Claim Coordinator
P.O. Box 1210
Nevada City, CA 95959-6100
(530) 265-1621

Orange County
Social Services Agency
Special Services Unit
Andreyeva Claim Coordinator
P.O. Box 25196
Santa Ana, CA 92799
(714) 435-4641

Placer County
Health and Human Services
Andreyeva Claim Coordinator
100 Stonehouse Court
Roseville, CA 95678
(916) 784-6006

Plumas County
Department of Social Services
Self Sufficiency Division
Andreyeva Claim Coordinator
270 County Hospital Road
Room 207
Quincy, CA 95971

Riverside County
Dept. of Public Social Services
CalWORKs Policy Dev.
Andreyeva Claim Coordinator
4060 County Circle Drive
Riverside, CA 92503
(909) 358-3041

Sacramento County
Dept. of Human Assistance
CORT Unit
Andreyeva Claim Coordinator
4990 Stockton Blvd.
Sacramento, CA 95820
(916) 875-3320

San Benito County
Health and Human Services
CalWORKs Division
Andreyeva Claim Coordinator
1111 San Felipe Rd., Suite 206
Hollister, CA 95023
(831) 636-4180

San Bernardino County
Human Services System
Transitional Assistance Dept.
Andreyeva Claim Coordinator
494 North E Street, 3rd Floor
San Bernardino, CA 92415
(909) 387-5377

San Diego County
Health and Human Services
Policy & Program Support
Andreyeva Claim Coordinator
1700 Pacific Highway, #203
San Diego, CA 92101
(619) 515-6786

San Francisco County
Department of Human Services
Andreyeva Claim Coordinator
P.O. Box 7988, C004
San Francisco, CA 94120
(415) 557-5825

San Joaquin County
Human Services Agency
Benefit Recovery Division
Andreyeva Claim Coordinator
P.O. Box 201056
Stockton, CA 95201-0106
(209) 468-1000

San Luis Obispo County
Department of Social Services
Staff Development
Andreyeva Claim Coordinator
P.O. Box 8119
San Luis Obispo, CA 93403
(805) 781-1883

San Mateo County
Human Services Agency
Fair Hearings
Andreyeva Claim Coordinator
400 Harbor Blvd.
Belmont, CA 94002
(650) 363-3840

Santa Barbara County
Department of Social Services
CalWORKs Division
Andreyeva Claim Coordinator
1100 W. Laurel Avenue
Lompoc, CA 93436
(805) 737-6028

Santa Clara County
Social Services Agency
CROP Unit
Andreyeva Claim Coordinator
410 E. Plumeria Drive
San Jose, CA 95134
(408) 545-5560

Santa Cruz County
Human Resources
Benefit Services
Andreyeva Claim Coordinator
P.O. Box 1320
Santa Cruz, CA 95061
(831) 454-4162

Shasta County
Department of Social Services
Special Review Unit
Andreyeva Claim Coordinator
P.O. Box 496005
Redding, CA 96049
(530) 225-5794

Sierra County
Department of Social Services
Andreyeva Claim Coordinator
P.O. Box 1019
Loyalton, CA 96118
(530) 993-6720

Siskiyou County
Human Services
Employment & Temporary
Assistance Services
Andreyeva Claim Coordinator
818 S. Main Street
Yreka, CA 96097
(530) 841-2752

Solano County
Health and Social Services
CalWORKs Employment Serv.
Andreyeva Claim Coordinator
355 Tuolumne Street
Vallejo, CA 94590
(707) 553-5407

Sonoma County
Human Services Department
Employment & Training Division
Andreyeva Claim Coordinator
P.O. Box 1539
Santa Rosa, CA 95402-1539
(707) 565-2715

Stanislaus County
Community Services Agency
StanWORKs
Andreyeva Claim Coordinator
P.O. Box 42
Modesto, CA 95353
(209) 558-2753

Sutter County
Sutter County Welfare
Andreyeva Claim Coordinator
P.O. Box 1535
Yuba City, CA 95992
(530) 822-7230 X 222

Tehama County
Department of Social Welfare
Andreyeva Claim Coordinator
P.O. Box 1515
Red Bluff, CA 96080
(530) 528-4075

Trinity County
Health and Human Services
Eligibility Division
Andreyeva Claim Coordinator
P.O. Box 1470
Weaverville, CA 96093
(530) 623-8237

Tulare County
Health and Human Services
Benefit Review Unit
Andreyeva Claim Coordinator
100 E. Center
Visalia, CA 93291
(559) 624-1053

Tuolumne County
Department of Social Services
Andreyeva Claim Coordinator
20075 Cedar Road North
Sonora, CA 95370
(209) 533-5729

Ventura County
Human Services Agency
Transitional Assistance Division
Andreyeva Claim Coordinator
505 Poli Street
Ventura, CA 93001
(805) 652-7569

Yolo County
Dept. of Employment and
Social Services
Hearings and IEVS
Andreyeva Claim Coordinator
120 W. Main Street
Woodland, CA 95695
(530) 661-2795

Yuba County
Human Services
Employment Division-
CalWORKs
Andreyeva Claim Coordinator
6000 Lindhurst Ave., Ste. 504
Marysville, CA 95901
(530) 749-6380

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

ADDRESSEE

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the county has approved your back cash aid of \$_____.

HERE'S WHY:

A court says that we should not have lowered your grant to pay back Aid Paid Pending you received between November 1996 and December 1997.

Your back cash aid is figured on the next page.

- ☐ A check will be sent soon.
- ☐ A check is enclosed.
- ☐ You have an existing overpayment balance. All of your back cash aid was used to lower the overpayment amount.

If you get Food Stamps we will count your back cash aid as a resource.

- ☐ You may get another notice from Food Stamps.

Rules: These rules apply. You may review them at your welfare office: Andrejeva v Anderson

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

ADDRESSEE

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

We have denied your claim for back cash aid for the month(s) of _____ dated _____.

HERE'S WHY:

- ☐ You did not give us your claim by December 29, 2000.
- ☐ You did not receive Aid Paid Pending between November 1996 and December 1997.
- ☐ Your cash aid was not lowered to pay back Aid Paid Pending received between November 1996 and December 1997.
- ☐ You must file your request for back cash aid with the county(ies) where you lived when your grant was lowered to pay back Aid Paid Pending between November 1996 and December 1997.
- ☐ You did not send the information we requested by _____.
- ☐ You did not resubmit your claim by May 28, 2001.
- ☐ Other:

Medi-Cal: This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply. You may review them at your welfare office: Andreyeva v. Anderson

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The county needs more information on your ANDREYEVA v ANDERSON claim dated _____.

- ☐ Fill in the circled parts of the attached claim form.
- ☐ You must send or bring the completed form back to us by _____.
- ☐ Other: _____

If we do not have it by this date, your claim will be denied and you will not get back cash aid.

Rules: These rules apply; you may review them at your welfare office: Andrejeva v Anderson

NOTICE OF ACTION

(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Underpayment Adjustment for Reimbursement of Aid Paid Pending Recouped Between 11/1/96 and 12/31/97

Notice Date : _____
Case Name : _____
Number : _____

Month Aid Paid Pending Received_____

Amount of Aid Paid Pending Paid \$_____

Month and Year of Grant Adjustment	Amount of Grant Adjustment		Month and Year of Grant Adjustment	Amount of Grant Adjustment
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____			\$ _____
	\$ _____	(A) TOTAL UNDERPAYMENT		\$ _____
	\$ _____	(B) OVERPAYMENT AMOUNT OWED		\$ _____

Rules: These rules apply; you may review them at your Welfare Office: ANDREYEVA V. ANDERSON.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

If line (A) is greater than line (B):
 Subtract line (B) from line (A)
UNDERPAYMENT AMOUNT DUE = _____

-OR-

If line (B) is greater than line (A):
 Enter amount from line (B) \$ _____

Subtract amount from line (A) - _____

**REMAINING OVERPAYMENT
 BALANCE** = _____

WELFARE MAY OWE YOU MONEY

This notice and claim form has been sent to you because you may have received **Aid Paid Pending** between November 1996 and December 1997. You asked for a hearing and your cash aid may have stayed the same while you waited for your hearing. This is called **Aid Paid Pending**. If your grant was lowered later to pay back **Aid Paid Pending** that you got between these dates, welfare may owe you money. Please answer the following questions to find out if welfare owes you money.

YES NO

- ☐ ☐ Did you get Aid Paid Pending between November 1996 and December 1997?
- ☐ ☐ Did you withdraw your request for a hearing, not appear at your hearing, or lose all or part of your hearing?
- ☐ ☐ Was your grant lowered after the hearing or hearing date to pay back the Aid Paid Pending?

If you answered "YES" to all three questions:

1. Fill out the form below.
2. Send the completed form to each county you were living in when your grant was lowered to pay back Aid Paid Pending that you got between November 1996 and December 1997. Use the address(es) on the "Andreyeva Claim Coordinator" list sent to you with this claim form to make sure your claim goes to the right place.
3. If more than one county lowered your grant to pay back Aid Paid Pending you received between November 1996 and December 1997, make a copy(ies) of the completed form and send it to all of the counties you were living in when you had your grant lowered.
4. Make an extra copy of the completed form(s) for your records.
5. RETURN THE COMPLETED CLAIM FORM(S) BY DECEMBER 29, 2000.
6. If you do not get a check or a notice by April 12, 2001, you must contact the "Andreyeva Claim Coordinator" in the county(ies) where you sent your claim by April 19, 2001, to get help.

This notice is being sent to you because of a lawsuit. If you have questions about the lawsuit, or need help with a fair hearing you may call the lawyers representing you:

- Grace A. Galligher, 1901 Alhambra Blvd., 2nd Floor, Sacramento, CA 95816; telephone number (916) 736-0616.
- Stephen Goldberg, 604 12th Street, Sacramento, CA 95814; telephone number (916) 554-3310.

Provide as much information as possible. If you don't have all the information, fill in what you can.

NAME		PHONE NUMBER (IF ANY)	
CURRENT ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	CASE NUMBER (IF KNOWN)	DATE OF BIRTH	

TEMP 2179 MULTILINGUAL (9/00) ANDREYEVA.V. ANDERSON

If you cannot read this form, ask your worker for a translation.

Si no puede leer este formulario, pídale a su trabajador que le dé una traducción.
Spanish

បើសិនជាលោកអ្នកមិនចេះអានសំណៅនេះទេ សូមសួររកអ្នកបកប្រែពីអ្នកកាន់សំណុំរឿងរបស់លោកអ្នក ។
Cambodian

假如你看不懂這份通知，可以要求你的工作人員幫助你翻譯。
Chinese

Если Вы не можете прочитать эту анкету, попросите работника перевести её.
Russian

Nếu quý vị không đọc được mẫu này, hãy hỏi nhân viên phụ trách để xin một bản dịch.
Vietnamese

ES POSIBLE QUE LA ASISTENCIA PUBLICA (*WELFARE*) LE DEBA DINERO

Se le envía esta notificación y formulario de reclamación porque es posible que usted haya recibido **asistencia que se paga hasta que se lleva a cabo una audiencia administrativa** (conocida en inglés como *Aid Paid Pending – APP*) entre noviembre de 1996 y diciembre de 1997. Usted pidió una audiencia y es posible que su asistencia monetaria no haya cambiado mientras que esperaba la fecha de su audiencia. A esta asistencia se le llama **asistencia que se paga hasta que se lleva a cabo una audiencia administrativa**. Si después de la audiencia se redujo la cantidad de su pago mensual para reembolsar la **APP** que recibió durante el período que se menciona anteriormente, es posible que la asistencia pública le deba a usted dinero. Por favor conteste las siguientes preguntas para determinar si la asistencia pública le debe dinero.

SI NO

- ☐ ☐ ¿Recibió APP entre noviembre de 1996 y diciembre de 1997?
- ☐ ☐ ¿Retiró usted su solicitud para una audiencia, no se presentó a su audiencia, o recibió una decisión que no fue a su favor o que solamente fue a su favor en parte?
- ☐ ☐ ¿Se redujo la cantidad de su pago mensual después de la audiencia o después de la fecha programada para la audiencia para reembolsar la APP?

Si contestó “SI” a las tres preguntas:

1. Complete el formulario a continuación.
2. Envíe el formulario completado a cada condado en donde estaba viviendo cuando se redujo su pago mensual para reembolsar la APP que recibió entre noviembre de 1996 y diciembre de 1997. Use las direcciones para el correo que aparecen en la lista del coordinador de reclamos del caso “Andreyeva”. La lista se le envió con este formulario de reclamación para asegurar que su reclamo llegue al lugar correcto.
3. Si más de un condado redujo su pago mensual para reembolsar la APP que recibió entre noviembre de 1996 y diciembre de 1997, haga copias del formulario completado y envíelas a todos los condados en donde usted vivió durante el tiempo en que se redujo su pago mensual.
4. Haga una copia adicional de los formularios que complete para guardar en su archivo.
5. LOS FORMULARIOS DE RECLAMACION COMPLETADOS SE TIENEN QUE RECIBIR A MAS TARDAR EL 29 de diciembre de 2000.
6. Si no recibe un cheque o una notificación para el 12 de abril de 2001, y necesita ayuda, tiene que ponerse en contacto con el coordinador de reclamos del caso “Andreyeva” en los condados a donde envió su reclamo a más tardar el 19 de abril de 2001.

Se le envía esta notificación debido a una demanda. Si tiene preguntas tocante a la demanda, o si necesita ayuda con una audiencia administrativa, puede llamar a los abogados que le representan:

- Grace A. Galligher, 1901 Alhambra Blvd., 2nd Floor (segundo piso), Sacramento, CA 95816; número de teléfono (916) 736-0616.
- Stephen Goldberg, 604 12th Street, Sacramento, CA 95814; número de teléfono (916) 554-3310.

Proporcione toda la información posible. Si no tiene toda la información, complete lo que pueda.

NOMBRE		NUMERO DE TELEFONO (SI LO HAY)	
DIRECCION ACTUAL	CIUDAD	ESTADO	CODIGO POSTAL
NUMERO DE SEGURO SOCIAL	NUMERO DEL CASO (SI LO SABE)	FECHA DE NACIMIENTO	

TEMP 2179 (SP) (9/00) ANDREYEVA V. ANDERSON

福利所可能欠你錢

我們曾經寄給你這份通知書和申領表格，因為你可能會收到在1996年11月和1997年12月之間審理期支付的補助。你請求過聽證，在你等待聽證時你的現金補助可能保持不變。這稱為審理期支付的補助。假如以後你的補助款被削減而要你償還你在這些日子內領取的審理期支付的補助，那福利所可能會欠你錢。請回答下列的問題以瞭解福利所是否欠你錢。

是 否

- ☐ ☐ 你是否領取在1996年11月和1997年12月之間審理期支付的補助？
- ☐ ☐ 你是否撤回你的聽證請求，沒有出席你的聽證，或者失去全部聽證或部份聽證？
- ☐ ☐ 在聽證後或聽證日期後你的補助款是否被削減而要償還審理期支付的補助？

假如你對所有三個問題都回答“是”：

1. 填寫下面的表格。
2. 把填妥的表格寄給當你的補助款被削減而要償還你在1996年11月和1997年12月之間領取的審理期支付的補助時所居住的各個郡。請使用連同申領表寄給你的“Andreyeva 申領負責官員”名單上的地址來確定你的申領表寄對地方。
3. 假如有多過一個郡削減你的補助款而要你償還你在1996年11月和1997年12月之間領取的審理期支付的補助，請複印你填妥的表格並寄至你的補助被削減時所有居住過的郡政府。
4. 另外複印一份填妥的表格作為你的記錄。
5. 在2000年12月29日之前須寄回這份表格。
6. 假如在2001年4月12日之前你沒有收到支票或通知書的話，你必須在2001年4月19日之前與你申領表格寄往的郡的“Andreyeva 申領負責官員”聯絡以取得幫助。

因為發生了訴訟案，所以寄你這份通知。如果你對訴訟案有問題，或者需要幫助進行公平聽證，你可以打電話給代表你的律師：

- Grace A Galligher, 1901 Alhambra Blvd., 2nd Floor, Sacramento, CA 95816; 電話號碼 (916) 736-0616。
- Stephen Goldberg, 604 12th Street, Sacramento, CA 95814; 電話號碼 (916) 554-3310。

請提供盡可能多的資料。假如你沒有所有的資料，則填寫你能提供的部份。

姓名		電話號碼（如有）	
目前地址	市	州	郵遞區號
社會安全號碼	案件號碼（如若知道）		出生日期

TRỢ CẤP XÃ HỘI CÓ THỂ CÒN THIẾU QUÝ VỊ TIỀN

Thông báo và mẫu đơn xin này được gửi cho quý vị vì có thể quý vị đã có nhận trợ cấp tạm cấp trong khi chờ buổi thụ lý (hay quyết định của buổi thụ lý - Aid Paid Pending) giữa khoảng thời gian từ tháng 11 năm 1996 đến tháng 12 năm 1997. Quý vị đã có xin một buổi thụ lý và trợ cấp tiền mặt của quý vị có thể đã được giữ nguyên ở mức cũ trong thời gian quý vị chờ có buổi thụ lý của mình. Điều này được gọi là Aid Paid Pending. Nếu sau đó trợ cấp của quý vị đã bị giảm xuống để hoàn trả cho khoản Aid Paid Pending mà quý vị đã nhận trong thời gian chờ buổi thụ lý, trợ cấp xã hội có thể còn thiếu quý vị tiền. Xin trả lời các câu hỏi sau đây để tìm biết xem trợ cấp xã hội có còn thiếu quý vị tiền không.

CÓ KHÔNG

- ☐ ☐ Có phải quý vị đã có nhận Aid Paid Pending giữa khoảng thời gian từ tháng 11 năm 1996 đến tháng 12 năm 1997 không?
- ☐ ☐ Có phải quý vị đã rút lại việc xin buổi thụ lý, không đến dự buổi thụ lý của mình, hoặc bị xử bất lợi (thua) hoàn toàn hay một phần trong vụ thụ lý của mình không?
- ☐ ☐ Có phải trợ cấp của quý vị đã bị giảm xuống sau buổi hay ngày thụ lý để hoàn trả cho khoản Aid Paid Pending không?

Nếu quý vị trả lời “CÓ” cho tất cả ba câu hỏi trên:

- Hãy điền mẫu đơn xin phía bên dưới.
- Gửi mẫu đơn xin đã điền hoàn tất tới từng Hạt nơi quý vị đã cư ngụ khi trợ cấp của quý vị bị cắt giảm để hoàn trả cho khoản Aid Paid Pending mà quý vị đã nhận giữa khoảng thời gian từ tháng 11 năm 1996 đến tháng 12 năm 1997. Dùng địa chỉ của bản danh sách gọi là danh sách “Andreyeva Claim Coordinator” gửi kèm với mẫu đơn xin này để bảo đảm là đơn xin của quý vị được gửi đến đúng nơi nhận.
- Nếu trợ cấp của quý vị bị cắt giảm bởi nhiều hơn một Hạt để hoàn trả cho khoản Aid Paid Pending giữa khoảng thời gian từ tháng 11 năm 1996 đến tháng 12 năm 1997, hãy làm phóng ảnh mẫu đơn xin đã điền hoàn tất và gửi cho tất cả những Hạt nào mà quý vị đã cư ngụ khi trợ cấp của quý vị bị cắt giảm.
- Làm thêm một bản phóng ảnh của (các) mẫu đơn xin đã điền hoàn tất để giữ làm hồ sơ lưu của riêng quý vị.
- GỬI TRỞ LẠI (CÁC) MẪU ĐƠN XIN ĐÃ ĐIỀN HOÀN TẤT VÀO HAY TRƯỚC NGÀY 29 THÁNG 12 NĂM 2000.**
- Nếu quý vị không nhận được một chi phiếu hoặc một thông báo vào hay trước ngày 12 tháng 4 năm 2001, quý vị phải liên lạc với địa chỉ trong danh sách “Andreyeva Claim Coordinator” của (những) Hạt nơi quý vị đã gửi mẫu đơn xin vào hay trước ngày 19 tháng 4 năm 2001 để nhờ giúp đỡ.

Thông báo này được gửi cho quý vị vì một vụ kiện. Nếu quý vị có các thắc mắc về vụ kiện này, hoặc cần sự giúp đỡ trong một buổi thụ lý, quý vị có thể gọi cho các luật sư đại diện cho quý vị:

- Grace A Galligher, 1901 Alhambra Blvd., 2nd Floor, Sacramento, CA 95816; telephone number (916) 736-0616.
- Stephen Goldberg, 604 12th Street, Sacramento, CA 95814; telephone number (916) 554-3310.

Kê khai càng nhiều dữ kiện càng tốt, nếu quý vị không biết tất cả các dữ kiện, hãy điền những gì quý vị biết.

TÊN HỌ		SỐ ĐIỆN THOẠI (NẾU CÓ)	
ĐỊA CHỈ HIỆN TẠI	THÀNH PHỐ	TIỂU BANG	SỐ KHU VỰC BƯU ĐIỆN
SỐ AN SINH XÃ HỘI	SỐ HỒ SƠ (NẾU BIẾT)	NGÀY SINH	

TEMP 2179 (VN) (9/00) ANDREYEVA V. ANDERSON

ВГЗБГЖВГ йжГГжаББА иГДѠАѠтВГе йГБГпѠ ДГѠЖВА ВАБ ДЕВтГѠ

Это извещение и форма требования были высланы вам, т.к. может вы получали **Помощь Выплачиваемую в Период Рассмотрения Вашего Дела**, в период с ноября 1996 года по декабрь 1997 года. Вы попросили о слушании и денежная помощь, получаемая вами, может осталась без изменения, пока вы ожидали слушания. Это называется **Aid Paid Pending (Помощь Выплачиваемую в Период Рассмотрения Вашего Дела)**. Если сумма получаемой вами помощи была позже понижена, чтобы выплатить задолженность за **Помощь Выплачиваемую в Период Рассмотрения Вашего Дела**, которую вы получали в этот период времени, отдел социального обеспечения может, должен вам деньги.

ДА НЕТ

- ☐ ☐ Вы получали Помощь Выплачиваемую в Период Рассмотрения Вашего Дела в период с ноября 1996 по декабрь 1997?
- ☐ ☐ Вы забрали свою просьбу о слушании, не пришли на слушание, проиграли полностью или частично ваше слушание?
- ☐ ☐ Уменьшилась ли сумма получаемой вами помощи после слушания или даты слушания, чтобы выплатить задолженность за Помощь Выплачиваемую в Период Рассмотрения Вашего Дела?

Если вы ответили “ДА” на все три вопроса:

1. Заполните форму внизу.
2. Отправьте заполненную форму в каждый округ, в котором вы проживали, когда понизилась сумма получаемой вами помощи для покрытия задолженности за Помощь Выплачиваемую в Период Рассмотрения Вашего Дела, получаемую вами в период с ноября 1996 по декабрь 1997 года. Воспользуйтесь адресами в списке “Andreyeva Claim Coordinator” (Координатор иска Андреевой) высланный вам с формой этого требования для того, чтобы вы были уверены, что ваша форма попадет по правильному адресу.
3. Если более, чем один округ понизил сумму получаемой вами помощи для покрытия задолженности за Помощь Выплачиваемую в Период Рассмотрения Вашего Дела, которую вы получали в период с ноября 1996 по декабрь 1997, снимите копии с заполненной формы и отправьте ее во все округа, где вы проживали, когда сумма получаемой вами помощи была уменьшена.
4. Снимите одну лишнюю копию для вашего архива.
5. Верните заполненные исковые формы до 29 декабря 2000 года.
6. Если вы не получите чек или извещение до 12 апреля 2001 года, вы должны обратиться к “Координаторам иска Андреевой” в округе(ах), в который(е) вы выслали ваш иск до 19 апреля 2001, для получения помощи.

Это извещение выслано вам из-за предъявленного иска. Если у вас есть вопросы в связи с иском или вам нужна помощь со справедливым рассмотрением вашего дела, вы можете позвонить адвокату предоставляющему ваши интересы:

- Grace A Galligher, 1901 Alhambra Blvd., 2nd Floor, Sacramento, CA 95816; телефон № (916) 736-0616.
- Stephen Goldberg, 604 12th Street, Sacramento, CA 95814; телефон № (916) 554-3310.

Предоставьте как можно больше информации. Если у вас нет полной информации, заполните что можете.

ѠБЖ, лАБѠѠѠЖ		ВГБЕж кЕпЕлГВА (ЕиѠѠ ѠБЕЕкиЖ)	
АДжЕи	ГГжГД	скАк	йГокГВКе ѠВДЕАи
ВГБЕж иГДѠАѠтВГГГ ижАмГВАВѠЖ		ВГБЕж ДЕѠА (ЕиѠѠ зВАЕкЕ)	
		ДАкА жГЖДЕВѠЖ	

ក្រសួងសុខាភិបាលអាចជំពាក់ប្រាក់លោកអ្នក

សេចក្តីប្រកាសនេះនិងសំណើតាមការត្រូវបានផ្ញើទៅជូនលោកអ្នកពីព្រោះតែលោកអ្នកបានទទួលជំនួយសំរាប់ការរង់ចាំសេចក្តីប្រឹក្សា នៅក្នុងរវាងខែវិច្ឆិកា ឆ្នាំ១៩៩៦ និងខែធ្នូឆ្នាំ១៩៩៧ ។ លោកអ្នកបានស្នើសុំសេចក្តីប្រឹក្សានិងប្រាក់ជំនួយរបស់លោកអ្នកអាចមានចំនួននៅដដែល នៅក្នុងពេលដែលលោកអ្នកបានរង់ចាំសេចក្តីប្រឹក្សារបស់លោកអ្នក ។ ប្រាក់នេះហៅថា ប្រាក់ជំនួយសំរាប់ការរង់ចាំសេចក្តីប្រឹក្សា ។ បើសិនជាប្រាក់ជំនួយរបស់លោកអ្នកត្រូវបានបន្ថយនៅពេលក្រោយ ដើម្បីបង់សងប្រាក់ជំនួយសំរាប់ការរង់ចាំសេចក្តីប្រឹក្សា ដែលលោកអ្នកបានទទួលនៅក្នុងរវាងកាលបរិច្ឆេទនេះ ក្រសួងសុខាភិបាលអាចជំពាក់ប្រាក់លោកអ្នក ។ សូមឆ្លើយទៅនឹងសំណួរដូចតទៅនេះ ដើម្បីស្វែងរកថាតើក្រសួងសុខាភិបាលអាចជំពាក់ប្រាក់លោកអ្នកឬទេ ។

មែន

ទេ

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តើលោកអ្នកបានទទួលប្រាក់ជំនួយសំរាប់ការរង់ចាំសេចក្តីប្រឹក្សា ក្នុងរវាងខែវិច្ឆិកា ឆ្នាំ១៩៩៦ និងខែធ្នូ ឆ្នាំ១៩៩៧ឬ?

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លោកអ្នកបានដកពាក្យស្នើសុំសេចក្តីប្រឹក្សា មិនបានទៅបង្ហាញខ្លួននៅពេលធ្វើសេចក្តីប្រឹក្សា ឬនៅពេលសេចក្តីប្រឹក្សាលោកអ្នកចាញ់ទាំងអស់ឬមួយផ្នែកឬ?

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តើប្រាក់ជំនួយរបស់លោកអ្នកត្រូវបានបន្ថយបន្ទាប់ពីសេចក្តីប្រឹក្សា ឬកាលបរិច្ឆេទសេចក្តីប្រឹក្សា ដើម្បីបង់សងប្រាក់ជំនួយសំរាប់ការរង់ចាំសេចក្តីប្រឹក្សាឬ?

បើសិនជាលោកអ្នកឆ្លើយថាមែនទៅនឹងគ្រប់សំណួរទាំងបីនេះ :

1. សូមបំពេញសំណើនៅខាងក្រោម ។
2. សូមជ្រើសរើសដែលបានបំពេញសព្វគ្រប់ទៅឱ្យខណ្ឌនីមួយៗដែលលោកអ្នកបានរស់នៅ នៅពេលដែលប្រាក់ជំនួយរបស់លោកអ្នកត្រូវបានបន្ថយដើម្បីបង់សងប្រាក់ជំនួយសំរាប់ការរង់ចាំសេចក្តីប្រឹក្សាដែលលោកអ្នកបានទទួលនៅរវាងខែវិច្ឆិកា ឆ្នាំ១៩៩៦ និងខែធ្នូ ឆ្នាំ១៩៩៧ ។ សូមប្រើអាសយដ្ឋានដែលមាននៅលើបញ្ជី"Andreyeva Claim Coordinator" (អ្នកសម្របសម្រួលតាមការអនុម័ត) ដែលបានផ្ញើទៅជូនលោកអ្នកជាមួយសំណើតាមការនេះ ដើម្បីឱ្យច្បាស់ថា សំណើតាមការរបស់លោកអ្នកផ្ញើទៅត្រូវចំកន្លែង ។
3. បើសិនជាខណ្ឌលើសពីមួយបានបន្ថយប្រាក់ជំនួយរបស់លោកអ្នកដើម្បីបង់សងប្រាក់ជំនួយសំរាប់ការរង់ចាំសេចក្តីប្រឹក្សាដែលលោកអ្នកបានទទួលក្នុងរវាងខែវិច្ឆិកា ឆ្នាំ១៩៩៦ និងខែធ្នូ ឆ្នាំ១៩៩៧ សូមថតចម្លងសំណើដែលបានបំពេញ និងផ្ញើទៅឱ្យខណ្ឌទាំងអស់ដែលលោកអ្នកបានរស់នៅ ដែលជាកន្លែងបានបន្ថយប្រាក់ជំនួយរបស់លោកអ្នក ។
4. សូមថតចម្លងសំណើដែលបានបំពេញហើយបន្ថែមមួយច្បាប់សំរាប់ជាកំណត់ហេតុរបស់លោកអ្នក ។
5. សូមផ្តល់សំណើដែលបានបំពេញសព្វគ្រប់មកវិញកុំឱ្យហួសថ្ងៃទី២៩ ខែធ្នូ ឆ្នាំ២០០០ ។
6. បើសិនជាលោកអ្នកមិនបានទទួលមូលប្បទានបុត្រ(សែក) ឬសេចក្តីប្រកាសមួយនៅត្រឹមថ្ងៃទី១២ ខែមេសា ឆ្នាំ២០០១ លោកអ្នកត្រូវតែទាក់ទងទៅ"អ្នកសម្របសម្រួលតាមការអនុម័ត"នៅក្នុងខណ្ឌដែលលោកអ្នកបានជ្រើសរើសតាមការរបស់លោកអ្នកកុំឱ្យហួស ថ្ងៃទី១៩ ខែមេសា ឆ្នាំ២០០១ ឱ្យគេជួយ ។

សេចក្តីប្រកាសនេះត្រូវបានផ្ញើទៅជូនលោកអ្នកពីព្រោះតែមានពាក្យបណ្តឹងតាមច្បាប់មួយ ។ បើសិនជាលោកអ្នកមានសំណួរអំពីពាក្យបណ្តឹងតាមច្បាប់នេះ ឬត្រូវការជំនួយលើសេចក្តីប្រឹក្សាដ៏ត្រឹមត្រូវមួយ លោកអ្នកអាចទូរស័ព្ទមេធាវីដែលជាអ្នកតំណាងឱ្យលោកអ្នក :

- Grace A Galligher, 1901 Alhambra Blvd., 2nd Floor, Sacramento, CA 95816; ទូរស័ព្ទលេខ (916) 736-0616.
- Stephen Goldberg, 604 12th Street, Sacramento, CA 95814; ទូរស័ព្ទលេខ (916) 554-3310.

សូមផ្តល់ព័ត៌មានឱ្យបានច្រើនទៅតាមលទ្ធភាព ។ បើសិនជាលោកអ្នកមិនមានព័ត៌មានទាំងអស់ទេ សូមបំពេញអ្វីដែលលោកអ្នកអាចធ្វើបាន ។

ឈ្មោះ:	លេខទូរស័ព្ទ (បើសិនជាមាន)		
អាសយដ្ឋានបច្ចុប្បន្ន	ក្រុង	រដ្ឋ	លេខប័ណ្ណបក្ស
លេខសន្និធិយសត្រ័យ:	លេខសំណុំរឿង(បើសិនជាបានដឹង)		កាលបរិច្ឆេទកំណើត

Court Case Statistical Report Andreyeva v. Anderson (Temp 2186)**CONTENT**

The Court Case Statistical Report (Temp 2186) is a mandated report which will provide data on the number of claims received, granted or denied by the county with respect to the Andreyeva court order. This report also collects the total dollar amount of corrective underpayments, which include any amounts used to offset prior overpayments.

PURPOSE

The purpose of this report is to comply with the Andreyeva court order and collect data for the CDSS on the number of claims processed and total dollar amounts granted. The Andreyeva court order applies to any months between November 1, 1996 and December 31, 1997 that an aid paid pending overpayment occurred.

DUE DATE

This report is due on or before May 14, 2001. Send reports to:

California Department of Social Services
Data Systems and Survey Design Bureau
P.O. Box 944243
Sacramento, CA 94244-2430
FAX (916) 322-9254

GENERAL INSTRUCTIONS

Complete county name and check appropriate submission box (original or revised). No item should be left blank. If there is nothing to report for a specific item, please enter a "0." Provide the name, title and telephone number of the person to contact should there be any questions about the data on the report. Enter the date the report is completed.

1. Total number of claims received: Enter the total number of claims received (Temp 2179). This total should equal the sum of claims granted and claims denied.
2. Total number of claims granted: Enter the total number of claims granted.
3. Total number of claims denied: Enter the total number of claims denied.
4. Total dollar amount of corrective underpayments paid: Enter the total dollar amount of corrective underpayments paid. This also includes any amounts used to offset prior overpayments.

Comments: Use only if necessary to explain any special circumstances or discrepancies regarding the data in this report.

COURT CASE STATISTICAL REPORT**ANDREYEVA V. ANDERSON**

SEND ONE COPY TO:

California Department of Social Services
Data Systems and Survey Design Bureau
P.O. Box 944243
Sacramento, CA 94244-2430
FAX (916) 322-9254

NAME OF COUNTY SUBMITTING REPORT:		THIS REPORT IS DUE ON OR BEFORE: MAY 14, 2001	
THIS REPORT IS: <input type="checkbox"/> ORIGINAL SUBMISSION <input type="checkbox"/> REVISED SUBMISSION			
REPORTING PERIOD: September 18, 2000 to December 29, 2000			
1. Total number of claims received.....		1	
2. Total number of claims granted.....		2	
3. Total number of claims denied.....		3	
4. Total dollar amount of corrective underpayments paid.....		4	
Comments:			
Person To Contact Regarding This Report:		Date:	
Telephone Number:		Fax Number:	

COURT CASE STATISTICAL REPORT
ANDREYEVA V. ANDERSON
FORM TEMP 2186
CONTACT SHEET

COUNTY: _____

CONTACT NAME: _____

TITLE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

ADDRESS: _____

Prepared by:

Date:

Return this contact sheet by **MARCH 16, 2001** to:

Data Systems and Survey Design Bureau
P.O. Box 944243
Sacramento, CA 94244-2430
Fax: (916) 322-9254